



TELEMEDIA DEPARTMENT
TOWN OF TEWKSBURY
TOWN HALL
1009 MAIN ST
TEWKSBURY, MASSACHUSETTS 01876

EQUIPMENT AGREEMENT

I, _____, understand the Town of Tewksbury Telemedia Department's policies and procedures regarding the use of Telemedia Department equipment. I agree to the Telemedia Department's terms of use, and will to adhere to any and all rules regarding the use of Telemedia Department equipment.

Address: _____

Phone: _____

Email: _____

Checkout Date: _____ Return Date: _____

Signature: _____ Date: _____

FOR STAFF USE ONLY

Was equipment returned in full, on time and undamaged? Circle: **Yes** or **No**

If "No," please describe (use the back of this sheet if necessary):

Signature: _____ Date: _____